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Substance Abuse Prevention Research Findings

Prevention strategies targeting youth have evolved over the past 20 years as evaluation reveals more about what works. This brochure contains information about lessons we have learned through research in six domains: individual, family, peer, school, community, and society/environment. By incorporating the principles presented in this pamphlet into a comprehensive prevention program, you will strengthen the effectiveness and success of your prevention program.

The prevention research findings included in this brochure are summarized from "Science-based Practices in Substance Abuse Prevention: A Guide" (Brounstein, Zweig and Gardner, December 1998, draft).

I N D I V I D U A L   D O M A I N

Risk factors include lack of knowledge regarding harmful effects of use, favorable attitudes toward use, early use, biological or psychological dispositions, antisocial behavior, sensation seeking, and lack of supervision. Research has made the following assertions possible:

- **Knowledge-oriented interventions about harms and risks associated with substance use and abuse cannot, by themselves, produce measurable and long-lasting changes in substance abuse-related behavior and attitudes.**

- **Normative education has been most effective when combined with other educational approaches,** such as fostering social skills. Normative education (i.e., education which corrects both misperceptions about the prevalence of use, and attitudes favoring use) can be a positive influence; alone however, it is not sufficient.

- **Educational interventions with social and personal skills-building curricula enhance individual capacities, attitudes, and behavior inconsistent with use.** These interventions frequently convey information about the harmful consequences of substance use, social norms and/or other complementary strategies.

- **Interactive approaches, such as skills-building educational approaches and peer-led education, engage target audiences more effectively.** These approaches include cooperative learning, role-plays, and group exercises. Didactic approaches are among the least effective educational strategies.

- **Peer-led, youth educational interventions (or those which include peer-led components) are more effective than adult- or teacher-led approaches.** However, such programs require extensive prior instruction for peer educators.

- **Information dissemination and media campaigns do not play a major part in influencing individual knowledge, attitudes, and beliefs.** They are complementary to more intensive and interactive individual-oriented approaches. Media use is most effective when combined with other strategies, such as education.

- **Individual-oriented interventions should appeal to the salient motives of youth.** For example, immediate smoking concerns (rather than lung cancer looming decades later) include foul residual odor or stained teeth.

- **Individual-oriented interventions should be attractive and engaging.** Race, ethnicity, age, and gender influence how well the intervention is received, and its effectiveness.

- **Alternatives effectively reach high-risk youth disengaged from schools and school-based programs.** Enjoyable activities provide incentive and opportunity for more structured interventions that incorporate the development of personal and social skills.

- **Indicated prevention interventions for youth (interventions that seek to change the knowledge, behaviors, and attitudes of early users) should recognize the multidimensional nature of youth substance abuse patterns, including experimental use that does not progress to abuse or problem behavior.**

- **Indicated interventions should recognize the relationship between substance use and other adolescent health problems such as:** mental health problems, family problems, early and unwanted pregnancy, sexually transmitted diseases, school failure, and delinquency. This clustering of problems greatly shapes the identification of desired program effects.

- **Indicated interventions pose risks to the youth involved.** Risks may include labeling, increased future deviance, and exposure of experimental users to youth with more severe behaviors.

F A M I L Y   D O M A I N

Risk factors include parental and sibling drug use or approval of use, poor family management, lack of parental involvement, family conflict, differential family acculturation, and low bonding. Research has made the following assertions possible:

- Research shows that educational approaches targeting the family (parents and children), school-based approaches involving parents, and complementing student-focused curricula with parent-focused curricula can be effective in preventing adolescent substance use.

- Some of the issues involved in differential family acculturation include the presence and importance of the extended family, influence of immigration or circular migration, different language abilities within families, influence of religion and folk healers, influence of voluntary and social organizations, and stresses experienced by families as a result of socioeconomic status and racism. Prevention interventions that acknowledge and address one or more of these issues have produced positive effects.

- Selective family interventions (those targeting high-risk populations) have effectively enhanced protective factors and/or positive substance abuse-related outcomes.

- Indicated interventions with substance-abusing parents have improved parenting skills, reduced parental use, improved child behavior, and reduced levels of use. However, these interventions usually require 12 to 15 sessions or more.

- Indicated prevention can involve family therapy or counseling to improve communication and family attachment in families of delinquent youth.

- Effective family programs emphasize bonding and joint participation in activities while providing communication training. Parents develop listening and speaking skills appropriate to the youth's developmental stage. Also, parents are trained to use positive and consistent quality discipline techniques in supervising and monitoring their children.

- Interactive techniques develop family interpersonal communication skills by modeling, coaching, rehearsing, and role-playing.

- Effective parent recruitment depends on innovation. Examples include attractive scheduling of programs, and provision of transportation and childcare.

- Parent retention in family-based programs is often an obstacle. Development of culturally sensitive programs and bonding among parents in the program are key elements for raising the retention rate.

- Sponsoring agencies such as community and social institutions are of value. Churches and community recreation centers are promising alternatives when schools are not an option during nonschool hours.

P E E R   D O M A I N

Risk factors include norms favorable toward use and activities conducive to use.[1] Research has made the following assertions possible:

- Structured activities and supervised events (e.g., sober prom and graduation parties) offer social interaction in settings intolerant of substance use.

- Alternative activities that incorporate social and personal skills-building activities are more likely to be effective with high-risk youth who may have had inadequate adult supervision, poor access to a variety of activities and/or insufficient opportunities to develop personal skills.

- More intensive alternative programs that include a variety of approaches seem to be most effective. Those programs that provide intensive interventions, including many hours of involvement with the program and related services, are most effective.

- Alternative events are peer and community statements celebrating and supporting a no-use norm.

- The effectiveness of approaches directed at youth in nonacademic social settings depends on the alternatives offered. Alternatives must be attractive and appropriate to garner participation.

[1] *This risk factor was added to provide a logical framework for some strategies related to alternatives*

SCHOOL DOMAIN

Risk factors include lack of educational commitment, poor grades or school failure, lack of attachment to school, school climate, and school policies lenient to substance use (e.g., tobacco). Research has made the following assertions possible:

- When addressing school domain risk factors related to lack of a satisfying academic experience, one approach is to include academic skills-building in prevention activities. This particular type of skills-building is a component of many after-school alternative activities.

- Lack of attachment to school may also result from lack of future-oriented goals dependent on the acquisition of education. Mentoring programs have been designed, in part, to foster the development of such goals with some degree of effectiveness in the area of substance abuse prevention.

- School climate may contribute to lack of attachment to school and can be influenced by the instructional methods of teachers, classroom management techniques, class size, student-teacher ratio, classroom organization, and attitudes of teachers and administrators toward students.

- School policies that communicate a commitment to substance abuse prevention include: formal no-use policies for students, teachers, administrators, and other staff; training for teachers and administrators; and a health education program that includes the most promising prevention curricula.

- Drug testing and the use of drug-sniffing dog strategies have not yet been extensively evaluated. Possible negative effects of such strategies must be considered.

COMMUNITY DOMAIN

Risk factors include norms favorable toward use or abuse, lack of social and community institutional bonding, lack of prevention effort resources, and lack of community awareness, as well as community denial and inability to address the problem of substance abuse. Research has made the following assertions possible:

- Social institutions often provide development of personal capacities when engaged in constructive activities with prosocial peers. A few such resources are: churches, community hubs (e.g., Boys and Girls Clubs, YMCA/YWCA) and community groups (e.g., Scouts).

- Alternative activities establish strong norms against substance abuse. A single event can make a strong community statement, celebrate a no-use norm, draw media attention, and increase prevention support. For these alternative activities to be truly effective, however, they must be viewed not as ends in themselves, but rather as components of an integrated, comprehensive prevention strategy.

- Controls on environments around schools and other areas where youth congregate also convey strong community norms against substance abuse. These controls include restrictions on density of alcohol and tobacco outlets, setback distances of alcohol and tobacco outlets, restrictions on advertising near schools (e.g., placement of billboards), and establishment of drug-free zones that set standards for adult as well as youth behavior.

- Mass media influences awareness and norms. Youth-oriented mass media campaigns should identify target audiences, and recognize that perceptions and abilities may vary based on gender and stage of cognitive development.

- Effective mass media campaigns set message objectives. For example, the message shows nonuse expectations and lower occurrence of use among youth. Messages should avoid demonstrating use, and should be of sufficient intensity and duration.

- Effective mass media requires choice air times in television/radio spots. Public service announcements (PSAs) by themselves are unlikely to impact youth if the PSA airs at a time with small audiences.

- Although prevention research started with a youth focus, the workplace is an important prevention partner. The U.S. Department of Health and Human Services calls the workplace the single most important channel to systematically reach the adult population through health information and health promotion programs.

- Employers may become more active in prevention when the costs of workers' substance use is emphasized. Costs include lost productivity and health care costs borne by the company employees' health insurance plan.

- **Workplace cultures can condone use, whereas employer communication of a company policy of disapproval can change norms.** Examples condoning use include company events providing alcohol, tobacco availability through on-site cigarette vending machines, and lack of a smoke-free work environment policy.

- **Work settings can provide community awareness and prevention services through health promotion campaigns and managed care services.** Managed care provided by employers can require prevention education, screening, and early treatment (such as nicotine patch) to further stress the importance of prevention within a community-like setting and to promote cessation of use.

- **Community mobilization raises awareness and involvement in coordinating prevention and treatment services. Coalition membership must be appropriate to a shared purpose and plan for action.** Organization leaders need to be involved, especially if an organization is expected to be a key contributor to a particular intervention. Grassroots activists and community citizens must be involved if raising community awareness and stimulating community action is the task. Diverse expectations and operating assumptions for a coalition must be resolved, in order to avoid role confusion and conflict.

- **A coalition seeking active participants must meet members' needs.** Leaders and professionals are rewarded through accomplishments related to their organizational interests and through resource distribution. Citizens are rewarded by participation in activities. They seek a useful application of their time in activities which are not related to organizational maintenance.

- **Appropriate organization facilitates collective action.** Elaborate structures and procedures (committees, task forces, defined roles and responsibilities) are not productive. Task forces with specific responsibilities for specific activities sustain higher membership.

- **Planning is critical and should be adapted to the coalition's purpose, organization, and membership**. A coalition must begin with a clear understanding of the substance-related problems it seeks to change. Information about these problems should be validated through available empirical evidence. Once outcome-based objectives are set, specific action plans can be developed.

- **Coalitions must strategize and act from an outcome-based perspective and adjust their plans in order to meet outcome-based goals.** Effectiveness is not attained through organizational structure, but through strategies and activities. If the intervention appears ineffective, adjustments in the action plan (not in the organizational structure) are required.

- **Clear purpose, appropriate planning, and commitment to results produce effective collective action.** Organizational inertia is broken only when primacy of purpose is recognized, and when an action strategy is shaped by research-based findings on effective interventions.

SOCIETY/ENVIRONMENTAL DOMAIN

Risk factors include norms tolerant of abuse, policies enabling abuse, lack of enforcement of laws designed to prevent use and abuse, and inappropriate negative sanctions for abuse. Research has made the following assertions possible:

- **Changing the school, family, and societal norms which promote and maintain youth drug problems should create longer lasting effects.** More prevention specialists are moving their focus from the individual to the total systems or environmental contexts that promote or hinder use.

- **Community awareness and media efforts can effectively change perceptions regarding the likelihood of apprehension and punishment, reduce retailer noncompliance, change social norms regarding sales to and use by minors, and decrease costs of law enforcement operations.**

- **Counter advertising campaigns about product hazards or the industry that promotes it may reduce cigarette sales.** Limited research on alcohol warning labels suggests they affect awareness, attitudes, and intentions regarding drinking but do not have a major influence on behavior. More conspicuous labels may have a greater effect on awareness and behavior.

- **Restrictions on tobacco use in public places and private workplaces (also known as clean indoor air laws) have effectively curtailed cigarette sales and tobacco use.** These laws lower adult and youth smoking prevalence and average daily cigarette consumption. They also reduce nonsmokers' exposure to cigarette smoke and alter social smoking acceptability norms. Alcohol use restrictions have not been systematically evaluated.

- Server training programs only produce changes in selling/serving compliance when training is combined with law enforcement (against service to the intoxicated and sales to minors). Education and training programs teach alcohol servers about laws, violation penalties, the signs of intoxication and false identification, and how to refuse sales.

- Increasing the price of alcohol and tobacco through excise taxes is an effective strategy for reducing consumption, prevalence of use and amount consumed, but increasing the price of illicit drugs has not been effective. Tax increases reduce alcohol-related problems, including motor vehicle fatalities, driving while intoxicated, rapes, and robberies. However, price increases of illicit drugs through law enforcement efforts (source-country crop destruction, interdiction, and disruption of distribution networks) have been relatively ineffective.

- Increasing the minimum purchase age for alcohol to 21 has decreased use among youth. Age restrictions are associated with reductions in alcohol-related problems including suicide, pedestrian injuries, unintentional injuries, and youth homicide. Outcomes related to minimum purchase age laws for tobacco are not known because such laws have only recently begun to be enforced.

- Location and density limits of retail alcohol outlets and neighborhood antidrug strategies are effective. Alcohol outlet limitations reduce consumption and traffic crashes. Neighborhood antidrug strategies such as citizen surveillance and civil remedies, particularly nuisance abatement programs, effectively dislocate dealers, reducing number and density of retail drug markets, other crimes and physical disorder in small geographical areas.

- Alcohol and tobacco law enforcement by undercover buying operations (decoy or sting operations) substantially increase the proportion of retailers complying with minimum purchase age. These operations are also effective when conducted by community groups providing positive and negative feedback to merchants.

- More frequent enforcement operations lead to greater retailer compliance.

- Use and lose laws effectively increase youth compliance with minimum purchase age laws. Use and lose laws allow driver's license suspension of a person under 21 years of age, following a conviction for any alcohol or drug violation (e.g., use, possession, or attempt to purchase without, or with false identification). While penalties should be swift, certain, and meaningful, penalties should not be too harsh. Severity is not related to effectiveness. If penalties are too severe, law enforcement and judicial officers may refuse to apply them.

- Impaired driving deterrence laws and policies effectively reduce the level of impaired driving, and the number of alcohol-related traffic crashes and fatalities, among the general population and particularly among youth. Reducing the legal Blood Alcohol Content (BAC) limit to .08 or lower in criminal per se laws has resulted in a reduction of impaired driving and alcohol-related traffic crashes.

- Impaired driving law enforcement is an important deterrent. It increases public perception of the risk of being caught and punished for driving under the influence of alcohol.

- Administrative license revocation, as penalty for impaired driving, has reduced the number of fatal traffic crashes, and has reduced recidivism among Driving Under the Influence (DUI) offenders. The arresting officer may confiscate the driver's license if the driver has an illegal BAC or refuses testing. Evidence exists that vehicle and tag penalties against multiple DUI offenders, significantly decrease recidivism.

- Impaired driving policies targeting underage drivers have significantly reduced youth traffic deaths. Particularly effective are zero tolerance laws (setting BAC limits at .00 to .02 percent for youth) and graduated driving privileges (gradually lifting driving restrictions as driver experience and maturity increase).